



MAXIM.073DV1C

1615  
JPW  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Gehlsen, Kurt R.  
Appl. No. : 10/068,447  
Filed : February 6, 2002  
For : METHODS AND  
COMPOSITIONS FOR TOPICAL  
TREATMENT OF DAMAGED  
TISSUE USING REACTIVE  
OXYGEN METABOLITE  
PRODUCTION OR RELEASE  
INHIBITORS  
Examiner : Berko, Retford O.  
Group Art Unit : 1615

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 8, 2004

(Date)

AnneMarie Kaiser, Reg. No. 37,649

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

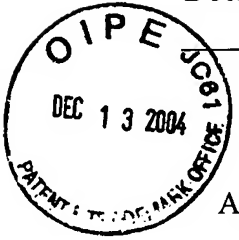
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed September 9, 2004, Applicant respectfully submits the following amendments and remarks in connection with the above-referenced application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 3 of this paper.

**AMENDMENT / RESPONSE TRANSMITTAL**

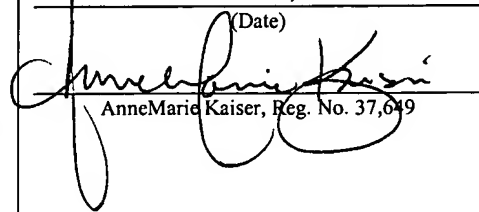
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AnneMarie Kaiser, Reg. No. 37,649

**Mail Stop Amendment**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

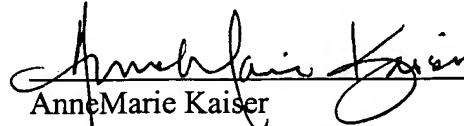
- (X) Amendment and Response to Office Action in 10 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

| FEE CALCULATION    |            |              |                      |            |
|--------------------|------------|--------------|----------------------|------------|
| FEE TYPE           |            | FEE CODE     | CALCULATION          | TOTAL      |
| Total Claims       | 7 - 20 = 0 | 2202 (\$9)   | 0 x 9 =              | \$0        |
| Independent Claims | 1 - 3 = 0  | 2201 (\$44)  | 0 x 44 =             | \$0        |
| Multiple Claim     |            | 2203 (\$150) |                      | \$0        |
|                    |            |              | <b>TOTAL FEE DUE</b> | <b>\$0</b> |

- (X) Return prepaid postcard.

- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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